

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/529,090 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5		3	X			
6		2	1			
7	1		1			
8	1		1			
9			X			
10	1		1			
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TOTAL IND.			3			
TOTAL DEP.			3			
TOTAL CLAIMS	3	3	9	9	9	9

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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS	3	3	9	9

BEST AVAILABLE COPY